

# Canadian Lung Association

# B R E A T H E

*Thank you for your generous support.*

## **DONATION INFORMATION**

Enclosed is donation of

\$35  \$50  \$100  \$250  Other \_\_\_\_\_

This is a **one-time** donation.  This is a **monthly** donation.\*

You will receive a tax receipt for a donation of \$20 or more.

This is gift is:

a general donation  a tribute gift to honor a special person or occasion

a tribute gift in memory of someone who has passed away

**If this is a tribute gift, what is the name of the individual you are honoring?**

**If you are making a tribute gift, we will send a card on your behalf notifying an individual of your generous gift. Who would you like to receive this card?**

First name

Last name

Address

City

Province/State

Postal/ZIP code

**How would you like the card to be signed? (from name or names)**

**Your gift will be used to:**

- Develop more programs and resources to help Canadians with lung disease to live their best lives
- Increase Canadians' understanding of lung health and healthy lung behaviours
- Fund the next generation of Canadian lung health researchers
- Advocate for lung-friendly legislation and policies

***Please complete payment information on the reverse. Gifts will not be processed without complete payment information.***

\*Monthly donations can be cancelled at any time.

## DONOR INFORMATION

Your first name

Your last name

Address

City

Province/State

Postal / ZIP code

Phone number

Home

Cell

E-mail address

Please, do not send me information about the Canadian Lung Association by e-mail.

## PAYMENT INFORMATION

I wish to pay by cheque or money order (payable to The Canadian Lung Association).

I wish to pay by

VISA

MASTERCARD

AMERICAN EXPRESS

Card number

Expiry date

CVV\*

Cardholder name

Cardholder signature

**\*We require your credit card verification (CVV) number to ensure this is a legitimate transaction. On a VISA or Mastercard, this is the three-digit number on the back of the card. On an AMEX, it is the four-digit number on the front of the card.**

**Once completed, please mail this form to our office:**

The Canadian Lung Association  
502-885 Meadowlands Drive  
Ottawa, Ontario, K2C 3N2, Canada

**Questions? [info@lung.ca](mailto:info@lung.ca) or 1-888-566-LUNG (5864)**

**Canadian Lung Association**

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Charity registration # 106862998RR0001